

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 FEB -1 AM 9:41  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

North Dakota Medical Association Political  
Action Committee

ADDRESS (number and street)

PO Box 1198

☐ Check if different  
than previously  
reported. (ACC)

Bismarck

ND

58502-1198

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00003061

3. IS THIS  
REPORT

☒ NEW  
(N)

OR

☐

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☒ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)

- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)

- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)

- ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P)
- ☐ Convention (12C)

- ☐ General (12G)
- ☐ Special (12S)

☐ Runoff (12R)

Election on

MM / DD / YYYY

in the  
State of

State

(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G)

- ☐ Runoff (30R)

- ☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

State

5. Covering Period

07 / 01 / 2015

through

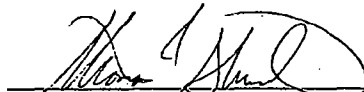
12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thomas Strinden

Signature of Treasurer



Date

01 / 29 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Dakota Medical Association Political Action Committee

Report Covering the Period:

From:

07 ' 01 ' 2016

To:

12 ' 31 ' 2016

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1, 2015

1,079.76

(b) Cash on Hand at  
Beginning of Reporting Period.....

702.06

(c) Total Receipts (from Line 19).....

10,050.00

10,050.00

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

10,752.06

11,129.76

7. Total Disbursements (from Line 31).....

4,860.90

5,238.60

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

5,891.16

5,891.16

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

0.00

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

0.00



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Dakota Medical Association Political Action Committee

Report Covering the Period: From:

07 / 01 / 2016

To:

12 / 31 / 2016

## I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

1150.00

8900.00

10050.00

10050.00

10050.00

10050.00

1150.00

8900.00

10050.00

10050.00

10050.00

10050.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	3590	11360
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3590	11360
22. Transfers to Affiliated/Other Party Committees .....	4825.00	4825.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....	0.00	300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4860.90	5238.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	4860.90	5238.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

10,050.00

10,050.00

35.90

35.90

10,050.00

10,050.00

113.60

113.60

NO-16-02-01-0M-000040000

**SCHEDULE A (FEC Form 3X)**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

North Dakota Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Geier, Debra A

Mailing Address

2174 Highway 20

City  
Buchanan

State  
ND

Zip Code  
58420

FEC ID number of contributing  
federal political committee.

C 000

Name of Employer

Sanford Health

Occupation

Physician

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 25 / 2015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nammour, Fadel E

Mailing Address

3419 1st St E

City  
West Fargo

State  
ND

Zip Code  
58078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dakota Gastroenterology Clinic

Occupation

Physician

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 25 / 2015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Fortney, Aaron C

Mailing Address

4208 Overland Rd

City  
Bismarck

State  
ND

Zip Code  
58503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dakota Eye Institute

Occupation

Physician

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 20 / 2015

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1150.00

1150.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE 1 OF 2

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Dakota Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A.

AMPAC

Date of Disbursement

09/01/2015

Mailing Address

25 Massachusetts Ave NW Ste 600

City

State

Zip Code

Washington DC 20001

Purpose of Disbursement

Transfer

Candidate Name

008  
 Category/  
 Type

Amount of Each Disbursement this Period

2650.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) Transfer

State:

District:

Full Name (Last, First, Middle Initial)

B.

AMPAC

Date of Disbursement

09/18/2015

Mailing Address

25 Massachusetts Ave NW Ste 600

City

State

Zip Code

Washington DC 20001

Purpose of Disbursement

Transfer

Candidate Name

008  
 Category/  
 Type

Amount of Each Disbursement this Period

500.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) Transfer

State:

District:

Full Name (Last, First, Middle Initial)

C.

AMPAC

Date of Disbursement

10/05/2015

Mailing Address

25 Massachusetts Ave NW Ste 600

City

State

Zip Code

Washington DC 20001

Purpose of Disbursement

Transfer

Candidate Name

008  
 Category/  
 Type

Amount of Each Disbursement this Period

675.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) Transfer

State:

District:

SUBTOTAL of Disbursements This Page (optional)

3825.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE **2** OF **2**

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

North Dakota Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

11 / 20 / 2015

Mailing Address

25 Massachusetts Ave NW Ste 600

City State Zip Code

Washington DC 20001

Purpose of Disbursement

Transfer

Candidate Name

008  
 Category/  
 Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Transfer

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

/ /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
 Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

/ /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
 Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ➤

TOTAL This Period (last page this line number only)..... ➤

1,000.00  
 4,825.00



2016 FEB -1 AM 9:41

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <b>FEDEX</b>	Shipping Date 1/29/16
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  
(3/2015)

*JS*

2/1/16  
DATE PREPARED

20160101 00004014